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PTO/SB/01 (12-97)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted **OR** Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01156
First Named Inventor	ARASAPPAN
COMPLETE IF KNOWN	
Application Number	/
Filing Date	July 19, 2001
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL IMIDAZOLIDINONES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,110	July 21, 2000	<input type="checkbox"/>

[Page 1 of 2]

CERTIFICATE OF MAILING

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Typed or printed name

Signature

Date

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Date

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number **24265** → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label **24265** → Correspondence address below

Name	PALAIYUR S. KALYANARAMAN			Reg. No. 34634		
Address						
Address						
City			State		ZIP	
Country		Telephone	(908) 298-5068		Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)				Family Name or Surname			
ASHOK				ARASAPPAN			
Inventor's Signature	<i>Ashok Arasappan</i>						Date 5/15/01
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	18 LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA

Additional inventors are being named on the **2** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
TEJAL			PAREKH				
Inventor's Signature						Date	
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
F. GEORGE			NJOROGE				
Inventor's Signature	<i>F. George Njoroge</i>					Date	<i>06/08/01</i>
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA
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Given Name (first and middle [if any])			Family Name or Surname				
VIYYOOR MOOPIL			GIRIJAVALLABHAN				
Inventor's Signature	<i>Girijavallabhan</i>					Date	<i>6/8/01</i>
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA
Post Office Address	10 MAPLEWOOD DRIVE						
Post Office Address							
City	PARSIPPANY	State	NJ	ZIP	07043	Country	USA

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Given Name (first and middle [if any])			Family Name or Surname				
ASHIT K.			GANGULY				
Inventor's Signature	<i>Ashit K. Ganguly</i>					Date	<i>5/22/01</i>
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	96 COOPER AVENUE						
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OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

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Direct all correspondence to: Customer Number or Bar Code Label **24265** → **OR** Correspondence address below

Name	PALAIYUR S. KALYANARAMAN	Reg. No. 34634		
Address				
Address				
City	State	ZIP		
Country	Telephone	(908) 298-5068	Fax	(908) 298-5388

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Given Name (first and middle [if any])			Family Name or Surname				
ASHOK			ARASAPPAN				
Inventor's Signature						Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	18 LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA

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ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:

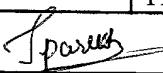
A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

TEJAL

PAREKH

Inventor's Signature						Date	6/14/2001
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Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA
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Post Office Address	1885 EDNAMARY WAY, UNIT C						
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Post Office Address							
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City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA
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Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
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Given Name (first and middle [if any])

Family Name or Surname

F. GEORGE	NJOROGE						
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Inventor's Signature						Date	
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Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
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Post Office Address	11 SOFTWOOD WAY						
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Post Office Address							
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City	WARREN	State	NJ	ZIP	07059	Country	USA
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Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
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Given Name (first and middle [if any])

Family Name or Surname

VIYYOOR MOOPIL	GIRIJAVALLABHAN						
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Inventor's Signature						Date	
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Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA
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Post Office Address	10 MAPLEWOOD DRIVE						
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Post Office Address							
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City	PARSIPPANY	State	NJ	ZIP	07043	Country	USA
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Inventor's Signature						Date	
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Post Office Address							
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